

# Enrollment Form

## Enrollment is Easy.

Complete this enrollment form and return it to your Human Resources Department Representative.



**Enroll today for legal security and peace of mind.**

**1.**

### Enrollee Information

All sections must be completed. Optional information is noted. Please print clearly.

First	Middle Initial	Last
Street Address		
City	State	ZIP Code
Best Phone Number to Reach Me: <i>(circle one)</i>	Daytime, Evenings, Mobile	E-mail Address
Social Security Number/Member ID Number	Employer/Association Affiliation <i>(if applicable)</i>	
Date of Birth <i>MM/YYYY</i>	Gender <i>M/F</i>	Date of Hire <i>(optional)</i>

**2.**

### Family Member Information *(if applicable)*

	First Name	Last Name	Gender M/F	Date of Birth MM/YYYY
Spouse/Domestic Partner				
Child(ren)				

**3.**

### Plan and Premium

- ☐ **State of New Mexico Legal Insurance Plan**
- ☐ Individual – \$17.12 per month
- ☐ Individual Plus One Dependent – \$21.80 per month
- ☐ Family – \$22.43
- ☐ **SeniorAdvocate (Caregiving) – \$8.50 per month**
- ☐ **Cancel my participation in the plan**

**4.**

### Authorization

By signing below, I am requesting enrollment in the legal plan indicated above. I understand that coverage will not become effective until the date assigned by the underwriter of the plan. I authorize my employer to deduct the cost of the plan as shown above, and as may be modified or adjusted, from my wages or salary.

Enrollee Signature

Date

**Please complete this form and return it to your Human Resources Department Representative.**

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**For assistance in completing this enrollment form, call ARAG at 800-247-4184.**